

**GOINS, MARQUITA M (Legal)**

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**From:** rhcadmin@usac.org  
**Sent:** Monday, March 11, 2013 7:44 PM  
**To:** NECOE-Alascom  
**Subject:** RHC HCP Support Schedule for HCP 10382, FRN 12123381

Date: 11-Mar-2013

Funding Year: 2012  
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center  
HCP Number: 10382  
FCC Form 465 Application Number: 43124011  
Funding Request Number(FRN): 12123381

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has received the FCC Form 467 - Connection Certification submitted for the above-referenced FRN. Based on the information provided on the form, a final Health Care Provider Support Schedule (HSS) is attached.

A copy of this HSS will be sent to all account holders and the service provider listed on the FCC Form 498:

**Service Provider Name: Alascom, Inc.**  
**Service Provider Identification Number (SPIN): 143005617**  
**Billing Account Number: 8002-765-6315**  
**Service Type: T1 or DS1**  
**Bandwidth: 1.544 Mbps**

Support Start Date:	01-Jul-2012
Support End Date:	27-Aug-2012
Non-Recurring Support:	\$0.00
Monthly Recurring Support:	\$10,838.91

The first and last month's monthly recurring support may be prorated depending on the number of days the service was in place for those months. Approved non-recurring support will be included in the first month's support.

**Approved Support Details**

Date	Support Amount
Jul 2012	\$10,838.91
Aug 2012	\$9,440.37
Total	\$20,279.28

**Your responsibility:**

It is the HCP's responsibility to review the information in this HSS. Contact RHC at [rhc-admin@usac.org](mailto:rhc-admin@usac.org) immediately if, at any time, the supported services are not being provided to the HCP or the HCP is not otherwise receiving the approved support. The Billing Account Number, certifications, and all other information provided on FCC Forms 465, 466, 466A, and 467 may be subject to audit by RHC and the FCC. HCPs are subject to audits and other reviews that RHC and/or the FCC may undertake to ensure that the universal service support is being used in compliance with FCC program rules. If RHC discovers that supported services are not used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by RHC and other appropriate federal, state, and local authorities.

### **Next Steps**

Receipt of this HSS is an indicator to the service provider that it should begin crediting the HCP for the support amount (if it has not yet done so) and that it may then begin to invoice USAC. Service Providers will find the OMB-approved Invoice and instructions at: <http://www.usac.org/rhc/about/program-integrity/appeals.aspx>

If you have any questions or need assistance, call the RHC Help Desk at 1-800-229-5476, Monday through Friday, 8AM - 8PM, Eastern Time (or at [rhc-admin@usac.org](mailto:rhc-admin@usac.org)).

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<sup>1</sup> 47 C.F.R. 54.619(d).

# ATTACHMENT

3



30 Lanidex Plaza West  
P.O. Box 685  
Parsippany, NJ 07054-0685

Rural Health Care Division

[www.rhc.universalservice.org](http://www.rhc.universalservice.org)  
Phone: 1- 800-229-5476

September 22, 2011

Cynthia Davis  
Alascom, Inc. - DBA AT&T Alascom  
225 W. Randolph Street, Floor 22B330  
Chicago IL 60606

Dear Cynthia Davis:

Attached please find copies of HCP Support Schedule(s) for health care provider(s) for whom your company is providing a supported service. The HCP Support Schedule indicates that the HCP is approved for the support amount shown on the schedule.

Please credit the billed entity associated with the Billing Account Number on the attached HCP Support Schedule as soon as possible. Support may be provided either as a credit on the bill or as a check to the billed entity. Once you have provided support to the HCP, you must invoice RHCD for the amount supported. Please be sure to provide support only up through the current month, and refer to the RHCD Invoicing Procedures for additional information concerning providing support to HCPs. A copy of the procedures and an invoicing template are available on the RHCD website ([www.rhc.universalservice.org/serviceproviders/invoicing.asp](http://www.rhc.universalservice.org/serviceproviders/invoicing.asp)). You may also call Karen Mogensen (973-581-6756) if you have questions about the process.

Thank you for helping RHCD provide USF support to rural health care providers. Support to these organizations enables them to establish telemedicine programs and improve health care in rural areas throughout the U.S.

Sincerely,

Karen Mogensen  
Invoicing Analyst

Enclosure: HCP Support Schedule(s)

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P.O. Box 685  
Parsippany, NJ 07054-0685

Rural Health Care Division

www.rhc.universalservice.org  
Phone: 1-800-229-5476

September 22, 2011

Maryann Freepartner  
Providence Seward Medical Center  
P.O. Box 365,  
Seward, AK 99664

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

**HCP Number:** 10382  
**HCP Contact Name:** Maryann Freepartner  
**HCP Name:** Providence Seward Medical Center  
**HCP Address:** 417 1st Ave.  
Seward, AK 99664

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

**Telecommunications Carrier Name:** Alascom, Inc. - DBA AT&T Alascom  
**Service Provider Identification Number (SPIN):** 143005617

#### **Next Steps**

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

We must be immediately notified, if at any time, the supported services are not being conveyed to the eligible rural HCP, or the eligible rural HCP does not otherwise receive the benefit of the support in the amount shown on the HCP Support Schedule. Rural HCPs that are approved for support are reminded that they, and any entity that filed an application on their behalf, continue to be subject to audits and other reviews that the RHCD and/or the FCC may undertake to ensure that the support is being used in compliance with FCC program rules. If the RHCD discovers that supported services are not being used in compliance with program rules, applicants will be subject to enforcement activities and other means of recourse by the RHCD and other appropriate Federal, state, and local authorities.

If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

**RHCD - USAC**

cc: Alascom, Inc. - DBA AT&T Alascom  
Enclosure: HCP Support Schedule

EXHIBIT 27  
Page 38 of 51



## HCP Support Schedule

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**Funding Year:** 2010      **HCP #:** 10382      **FRN:** 55324      **Billing Account Number:** 8002-765-6315

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**HCP Name:** Providence Seward Medical Center  
**HCP Address:** 417 1st Ave.  
Seward, AK 99664

**Support Start Date:** 07/01/2010  
**Support End Date:** 06/30/2011  
**Non-Recurring Support:** \$0.00  
**Monthly Recurring Support:** \$2,332.42

**HCP Mailing Organization and Address:**

Providence Seward Medical Center  
P.O. Box 365  
Seward, AK 99664

**Service:** T1 or DS1  
**SPIN:** 143005617  
**Telco:** Alascom, Inc. - DBA AT&T Alascom

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*Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.*

Support Date	Support Amount
7/2010	\$2,332.42
8/2010	\$2,332.42
9/2010	\$2,332.42
10/2010	\$2,332.42
11/2010	\$2,332.42
12/2010	\$2,332.42
1/2011	\$2,332.42
2/2011	\$2,332.42
3/2011	\$2,332.42
4/2011	\$2,332.42
5/2011	\$2,332.42
6/2011	\$2,332.42
<b>Total</b>	<b>\$27,989.04</b>



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September 22, 2011

Maryann Freepartner  
Providence Seward Medical Center  
P.O. Box 365,  
Seward, AK 99664

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**HCP Number:** 10382  
**HCP Contact Name:** Maryann Freepartner  
**HCP Name:** Providence Seward Medical Center  
**HCP Address:** 417 1st Ave.  
Seward, AK 99664

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

**Telecommunications Carrier Name:** Alascom, Inc. - DBA AT&T Alascom  
**Service Provider Identification Number (SPIN):** 143005617

**Next Steps**

The support amount will be credited to the Billed Account Number for the services shown on Form 467. As provided in the statute, the amount of support is equal to the "difference . . . between the rates for services provided to health care providers for rural areas in a State and the rates for similar services provided to other customers in comparable rural areas in that State." 47 U.S.C. sect. 254(h)(1)(A).

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If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

**RHCD - USAC**

cc: Alascom, Inc. - DBA AT&T Alascom  
Enclosure: HCP Support Schedule

EXHIBIT 27  
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## HCP Support Schedule

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Funding Year: 2010      HCP #: 10382      FRN: 55323      Billing Account Number: 8002-765-6315

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HCP Name: Providence Seward Medical Center  
HCP Address: 417 1st Ave.  
Seward, AK 99664

Support Start Date: 07/01/2010  
Support End Date: 06/30/2011  
Non-Recurring Support: \$0.00  
Monthly Recurring Support: \$2,332.42

**HCP Mailing Organization and Address:**

Providence Seward Medical Center  
P.O. Box 365  
Seward, AK 99664

Service: T1 or DS1  
SPIN: 143005617  
Telco: Alascom, Inc. - DBA AT&T Alascom

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*Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.*

Support Date	Support Amount
7/2010	\$2,332.42
8/2010	\$2,332.42
9/2010	\$2,332.42
10/2010	\$2,332.42
11/2010	\$2,332.42
12/2010	\$2,332.42
1/2011	\$2,332.42
2/2011	\$2,332.42
3/2011	\$2,332.42
4/2011	\$2,332.42
5/2011	\$2,332.42
6/2011	\$2,332.42
<b>Total</b>	<b>\$27,989.04</b>





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Rural Health Care Division

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Phone: 1- 800-229-5476

June 9, 2011

Janet Schmid  
Alascom, Inc. - DBA AT&T Alascom  
225 W. Randolph Street, Floor 22B190  
Chicago IL 60606

Dear Janet Schmid:

Attached please find copies of HCP Support Schedule(s) for health care provider(s) for whom your company is providing a supported service. The HCP Support Schedule indicates that the HCP is approved for the support amount shown on the schedule.

Please credit the billed entity associated with the Billing Account Number on the attached HCP Support Schedule as soon as possible. Support may be provided either as a credit on the bill or as a check to the billed entity. Once you have provided support to the HCP, you must invoice RHCD for the amount supported. Please be sure to provide support only up through the current month, and refer to the RHCD Invoicing Procedures for additional information concerning providing support to HCPs. A copy of the procedures and an invoicing template are available on the RHCD website ([www.rhc.universalservice.org/serviceproviders/invoicing.asp](http://www.rhc.universalservice.org/serviceproviders/invoicing.asp)). You may also call Karen Mogensen (973-581-6756) if you have questions about the process.

Thank you for helping RHCD provide USF support to rural health care providers. Support to these organizations enables them to establish telemedicine programs and improve health care in rural areas throughout the U.S.

Sincerely,

Karen Mogensen  
Invoicing Analyst

Enclosure: HCP Support Schedule(s)

EXHIBIT 27  
Page 42 of 51



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Rural Health Care Division

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Phone: 1-800-229-5476

June 9, 2011

Maryann Freepartner  
Providence Seward Medical Center  
P.O. Box 365,  
Seward, AK 99664

Dear Maryann Freepartner:

The Rural Health Care Division (RHCD) of the Universal Service Administrative Company (USAC) has received and reviewed your FCC Form 467. Based on the actual service start date that you supplied in the form, we developed the attached Health Care Provider (HCP) Support Schedule. We have sent this letter to both the rural HCP mailing address (above) and the rural HCP physical location (below) if these addresses are different.

**HCP Number:** 10382  
**HCP Contact Name:** Maryann Freepartner  
**HCP Name:** Providence Seward Medical Center  
**HCP Address:** 417 1st Ave.  
Seward, AK 99664

A copy of the Support Schedule has also been sent to the telecommunications carrier listed below.

**Telecommunications Carrier Name:** Alascom, Inc. - DBA AT&T Alascom  
**Service Provider Identification Number (SPIN):** 143005617

#### **Next Steps**

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If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

**RHCD - USAC**

cc: Alascom, Inc. - DBA AT&T Alascom  
Enclosure: HCP Support Schedule

EXHIBIT 27  
Page 43 of 51



## HCP Support Schedule

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**Funding Year:** 2009      **HCP #:** 10382      **FRN:** 47833      **Billing Account Number:** 8002-765-6315

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**HCP Name:** Providence Seward Medical Center  
**HCP Address:** 417 1st Ave.  
Seward, AK 99664

**Support Start Date:** 11/4/2009  
**Support End Date:** 6/30/2010  
**Non-Recurring Support:** \$418.40  
**Monthly Recurring Support:** \$2,457.17

**HCP Mailing Organization and Address:**

Providence Seward Medical Center  
P.O. Box 365  
Seward, AK 99664

**Service:** T1 or DS1  
**SPIN:** 143005617  
**Telco:** Alascom, Inc. - DBA AT&T Alascom

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*Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.*

Support Date	Support Amount
11/2009	\$2,629.85
12/2009	\$2,457.17
1/2010	\$2,457.17
2/2010	\$2,457.17
3/2010	\$2,457.17
4/2010	\$2,457.17
5/2010	\$2,457.17
6/2010	\$2,457.17
<b>Total</b>	<b>\$19,830.04</b>





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Rural Health Care Division

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Phone: 1-800-229-5476

June 9, 2011

Maryann Freepartner  
Providence Seward Medical Center  
P.O. Box 365,  
Seward, AK 99664

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If you have any questions or need help, please call the Customer Service Support Center at 1-800-229-5476, Monday through Friday, 8am - 8pm, Eastern Time.

Sincerely,

**RHCD - USAC**

cc: Alascom, Inc. - DBA AT&T Alascom  
Enclosure: HCP Support Schedule

EXHIBIT 27  
Page 45 of 51





## HCP Support Schedule

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**Funding Year:** 2009    **HCP #:** 10382    **FRN:** 47834    **Billing Account Number:** 8002-765-6315

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**HCP Name:** Providence Seward Medical Center  
**HCP Address:** 417 1st Ave.  
Seward, AK 99664

**Support Start Date:** 11/4/2009  
**Support End Date:** 6/30/2010  
**Non-Recurring Support:** \$418.40  
**Monthly Recurring Support:** \$2,457.17

**HCP Mailing Organization and Address:**

Providence Seward Medical Center  
P.O. Box 365  
Seward, AK 99664

**Service:** T1 or DS1  
**SPIN:** 143005617  
**Telco:** Alascom, Inc. - DBA AT&T Alascom

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*Note: first and last month's support was prorated for monthly recurring support based on the number of days the service was in place (Support Start and End Date). Non-recurring support was applied to the first month's support.*

Support Date	Support Amount
11/2009	\$2,629.85
12/2009	\$2,457.17
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2/2010	\$2,457.17
3/2010	\$2,457.17
4/2010	\$2,457.17
5/2010	\$2,457.17
6/2010	\$2,457.17
<b>Total</b>	<b>\$19,830.04</b>

# ATTACHMENT

4

AFFIDAVIT

STATE OF ALASKA

COUNTY OF Municipality of Anchorage

I, Shawn W. Uschmann, swear or affirm that the matters stated herein are true to the best of my information, knowledge and belief.

1. I am a Regional Vice-President for Alascom, Inc. d/b/a AT&T Alaska.
2. I am familiar with the document attached hereto as Exhibit 4, described as follows:

Exhibit 4-Alascom Data Plan Circuit Term Pricing Schedule

3. The listed Exhibit 4. is a true and correct copy of AT&T records.
4. The monthly recurring price of \$8369.00 provided by AT&T Alaska to Providence Seward Medical and Care Center in Exhibit 4 was not based or calculated by mileage. The Customer had asked AT&T Alaska to provide a geographically diverse telecommunications route. To do so, AT&T Alaska utilized an undersea cable owned by a third party. AT&T had purchased capacity on this undersea cable, and resold some of that undersea cable capacity to the Customer. AT&T's price to the Customer was based on the cost AT&T had incurred to purchase capacity on the undersea cable, not on the mileage of the undersea cable route.

Further affiant saith not.



Shawn W. Uschmann  
Regional Vice-President  
Alascom, Inc.

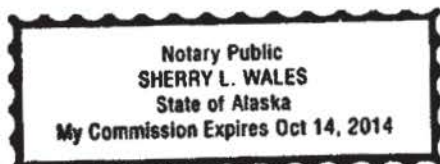
State of Alaska

County of Municipality of Anchorage

I, the undersigned Notary Public, do hereby affirm that Shawn W. Uschmann personally appeared before me on the 19 day of September, 2013, and signed the above Affidavit.

  
Notary Public.

Commission Expires: Oct. 14, 2014



ALASCOM DATA SERVICES CIRCUIT TERM PLAN  
Pricing Schedule

Customer	AT&T	AT&T Sales Contact X Primary Contact
Providence Health & Services d/b/a Providence Seward Medical and Care Center Billing Address: 11308 SW 68 <sup>th</sup> Parkway Tigard, OR 97223 Attn: Kristin Ala 503-216-8154  Street Address: 417 1 <sup>st</sup> Avenue City: Seward State/Province: Alaska Zip Code: 99664 Country: USA	AT&T Corp. or enter the International Affiliate Name  or enter International Affiliate Address	Name: Amy Merchant Street Address: 505 East Bluff Drive City: Anchorage State/Province: Alaska Zip Code: 99501 Country: USA Telephone: 907-264-7142 Fax: 907-777-2649 Email: am0211@att.com Sales/Branch Manager: Electa Kean SCVP Name: Shawn Uschmann Sales State: Sales Region:
Customer Contact (for notices)	AT&T Contact (for notices)	AT&T Solution Provider or Representative Information (if applicable) <input type="checkbox"/>
Name: Don Adams Title: Director Networking Telecom Street Address: 11308 SW 68 <sup>th</sup> Parkway City: Tigard State/Province: OR Zip Code: 97223 Country: USA Telephone: 503-216-8357 Fax: Email: <a href="mailto:Donald.Adams@providence.org">Donald.Adams@providence.org</a> Copy To: Providence Health & Services Attn: General Counsel 1801 Lind Avenue, SW, Ste 9016 Renton, WA 98057	Street Address: 505 East Bluff Drive City: Anchorage State/Province: Alaska Zip Code: 99501 Country: USA  With a copy to: AT&T Corp. One AT&T Way Bedminster, NJ 07921-0752 ATTN: Master Agreement Support Team Email: <a href="mailto:mast@att.com">mast@att.com</a>	Name: Company Name: Street Address: City: State/Province: Zip Code: Country: Telephone: Fax: Email: Agent Code:

This Pricing Schedule is part of the Agreement between AT&amp;T and Customer referenced above.

Customer (by its authorized representative)	AT&T (by its authorized representative)
By:	By:
Name: John Jay Kenagy, PhD	Name: Shawn Uschmann
Title: VP - CIO	Title: Director of Sales
Date: 8-28-09	Date: 8/28/09

ATTUID:dd9149

AT&T and Customer Confidential Information  
Page 1 of 3eCRM Opp ID 1-A67544  
EXHIBIT 4  
Page 1 of 3  
EXHIBIT 27  
Page 49 of 51



Providence Seward Medical and Care Center WK-88764V1

For Alascom Administrative Use Only - crlm3428

If this Order is not executed by the parties by September 22, 2009, Alascom reserves the right to withdraw this Order.

Master Agreement No. \_\_\_\_\_  
Pricing Schedule No. \_\_\_\_\_  
Original Effective Date: \_\_\_\_\_  
Amended Effective Date: \_\_\_\_\_

### Pricing Schedule for Alascom Data Services Circuit Term Plan

#### 1. SERVICES

- Alascom Private Line Services
- Alascom Local Channel Services

#### 2. PRICING SCHEDULE TERM

Pricing Schedule Term	Term Start Date
Longer of: (1) 36 months; or (2) until end of Minimum Payment Period for last circuit installed	Effective Date of this Pricing Schedule

#### 3. MARC

MARC under this Pricing Schedule	None
----------------------------------	------

#### 4. MINIMUM PAYMENT PERIOD

Minimum Payment Period	Service Components
36 months	All Service Components, unless specifically stated in Section 7

#### 5. DISCOUNTS

Not Applicable

#### 6. PROMOTIONS, CREDITS, WAIVERS AND MINIMUM RETENTION PERIODS

##### 6.1 Promotions

Service Guide promotions are not applicable under this Pricing Schedule
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##### 6.3 Waivers

Charges Waived	Month of MARC or Pricing Schedule Term in which Charges are waived	Minimum Retention Period
Installation Charges for the service components specified in Section 7, excluding Local Channels	N/A	12 months

##### 6.4 Other Requirements

In the event that the Universal Service Administrative Corp. (USAC) terminates funding, through no fault of the Customer the Customer shall provide AT&T with prompt written notice of any termination of USAC funding. The Customer will be permitted to discontinue the Attachment concurrent with the effective date of the USAC termination of funding.

ATTUID:dd9149

AT&T and Customer Confidential Information  
Page 2 of 3

EXHIBIT <sup>4</sup> 1-A87644  
Page 2 of 3

EXHIBIT 27  
Page 50 of 51

If this Order is not executed by the parties by September 22, 2009, Alascom reserves the right to withdraw this Order.

Master Agreement No. \_\_\_\_\_  
Pricing Schedule No. \_\_\_\_\_  
Original Effective Date: \_\_\_\_\_  
Amended Effective Date: \_\_\_\_\_

### Pricing Schedule for Alascom Data Services Circuit Term Plan

7. **RATES** - The Monthly Charges and Installation Charges listed below are per Service Component. Charges stated below per Local Channel, except OC-12 or higher, are valid for any NPA-NXX where such Local Channels are provisioned from the same Serving Wire Center (SWC CLLI).

#### US Domestic T1.5 IOC in Alaska and Local Channel

- Health Care Provider (HCP) # 10382
- The Customer may purchase multiples of the circuit specified below, using the terms and conditions of this Pricing Schedule.

Service	Monthly Charge
T1.5 Mbps IOC From Seward, Alaska To: Anchorage, Alaska Average mileage of at least: 475 miles	\$8,389.00
Associated T1.5 Mbps Access Connections	\$0.00
Location A - Terrestrial 1.544 Mbps Local Channel - Seward, Alaska to Seward, Alaska Only Local Channels furnished between the Customer's Premises and the AT&T Central Office	\$318.10
Location Z - Terrestrial 1.544 Mbps Local Channel - Anchorage, Alaska to Anchorage, Alaska Only Local Channels furnished between the Customer's Premises and the AT&T Central Office	\$318.10
Associated Terrestrial 1.544 Mbps Access Coordination Functions	\$0.00
<b>Total Monthly Recurring Charges</b>	<b>\$9,005.20</b>

ATTUID:dd9149

AT&T and Customer Confidential Information  
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EXHIBIT 4 eCRM Opp ID 1-A67544  
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EXHIBIT 27  
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Ex. 28

## Terri Humphrey

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**From:** Freepartner, Maryann [Maryann.Freepartner@providence.org]  
**Sent:** Thursday, December 26, 2013 10:15 AM  
**To:** 'jgranet'  
**Subject:** RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Thank you for this calculation. This is what I needed.

Maryann Freepartner CHFP  
Finance Manager  
Providence Seward Medical and Care Center  
907-224-2980

**From:** jgranet [mailto:jgranet@rhc.universalservice.org]  
**Sent:** Thursday, December 26, 2013 9:52 AM  
**To:** Freepartner, Maryann  
**Subject:** RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

The math would be \$8,369.00 / 475 to come up with the charge per mile of \$17.62  
The monthly mileage charges and billed miles were pulled from the contract you submitted.

475 - 85 = 390 miles above the MAD.

You are only funded up to the maximum allowable distance of the service.

So...

$390 * 17.62 = \$6,871.80$

$\$10,470.08 - \$250.56 = \$10,219.52$

$\$10,219.52 - \$6871.80 = \$3,347.72$

This monthly reoccurring charge represents the cost of any circuit terminations and 85 miles of service.

**Jason Granet**  
**Rural Health Care: PIA**  
**Fax:** (973) 599-6518  
**Phone:** (973) 581-5239  
**E-mail:** [jgranet@rhc.universalservice.org](mailto:jgranet@rhc.universalservice.org)

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**From:** Freepartner, Maryann [mailto:Maryann.Freepartner@providence.org]  
**Sent:** Thursday, December 26, 2013 1:09 PM  
**To:** 'jgranet'  
**Subject:** RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Jason,



I am still not following your calculations. We will be filing an appeal on this funding commitment, so I would like to get the calculations correct. On a monthly basis,

$\$10,470.08 - \$250.56 = \$10,219.52$

$\$10,219.52 / 475 \text{ miles} * 85 \text{ miles} = \$1,828.75$

Funding calculated by USAC: \$3,347.72

So you see why I am asking for the calculation.

Maryann Freepartner CHFP  
Finance Manager  
Providence Seward Medical and Care Center  
907-224-2980

**From:** jgranet [mailto:jgranet@rhc.universalservice.org]  
**Sent:** Tuesday, December 24, 2013 5:43 AM  
**To:** Freepartner, Maryann  
**Subject:** RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

I apologize in my haste i forgot to include mileage over the maximum allow distance. This service is 475 miles and the MAD for your location is 85 miles. The cost of the miles over the MAD must be removed from your rural rate which explains your funding per month.

**Jason Granet**  
**Rural Health Care: PIA**  
**Fax:** (973) 599-6518  
**Phone:** (973) 581-5239  
**E-mail:** [jgranet@rhc.universalservice.org](mailto:jgranet@rhc.universalservice.org)

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**From:** Freepartner, Maryann [mailto:Maryann.Freepartner@providence.org]  
**Sent:** Monday, December 23, 2013 8:22 PM  
**To:** 'jgranet'  
**Subject:** RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Jason,

According to your comments,  $10,470.08 - 250.56 = 10,219.52$  but the monthly support granted is \$3,347.72 so I don't understand.

Maryann Freepartner CHFP  
Finance Manager  
Providence Seward Medical and Care Center  
907-224-2980

**From:** jgranet [mailto:jgranet@rhc.universalservice.org]  
**Sent:** Thursday, December 19, 2013 11:45 AM  
**To:** Freepartner, Maryann  
**Subject:** RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

The calculation was the Rural Rate of 10,470.08 (which includes USF tax) less the Urban Rate of 250.56 (which includes USF tax). This is your monthly support. You take that number and multiply it by the number of support months.

Thanks,

**Jason Granet**

**Rural Health Care: PIA**

**Fax:** (973) 599-6514

**Phone:** (973) 581-5239

**E-mail:** [jgranet@rhc.universalservice.org](mailto:jgranet@rhc.universalservice.org)

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**From:** Freepartner, Maryann [<mailto:Maryann.Freepartner@providence.org>]  
**Sent:** Thursday, December 19, 2013 1:59 PM  
**To:** 'rhcadmin@usac.org'  
**Subject:** RE: Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Can you please send me the calculations for the monthly recurring support?  
Thank you.

Maryann Freepartner CHFP  
Finance Manager  
Providence Seward Medical and Care Center  
907-224-2980

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**From:** [rhcadmin@usac.org](mailto:rhcadmin@usac.org) [<mailto:rhcadmin@usac.org>]  
**Sent:** Tuesday, November 26, 2013 10:54 AM  
**To:** Freepartner, Maryann  
**Subject:** Funding Commitment Letter (FCL) for HCP 10382, FRN 12195601

Date: 26-Nov-2013

Funding Year: 2012  
Health Care Provider (HCP) Name: Providence Seward Medical & Care Center  
HCP Number: 10382  
FCC Form 465 Application Number: 43124011  
Funding Request Number: 12195601

The Rural Health Care (RHC) division of the Universal Service Administrative Company (USAC) has completed the review of the *Funding Request and Certification Form (FCC Form 466)* submitted on behalf of the Health Care Provider (HCP) named above. Based on the information provided, RHC has determined that the HCP is eligible for the estimated support listed below. Additionally, if the HCP submitted a contract or service agreement with the form, the outcome of the contract review is included in this letter.

**HCP Physical Location:** 417 1st Avenue, PO Box 365, Seward, AK, 99664  
**Service Type:** T1 or DS1  
**Bandwidth:** 1.544 Mbps  
**Service Provider Name:** Alascom, Inc.